

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12672 OF 19271
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address PO Box 382110

City
CambridgeState
MAZip Code
02238-2110FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1921468.10

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : VT4C3P6WMT9E

Amount of Each Receipt this Period

35.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

B. Diana L Reische

Mailing Address 20 Silvermine Woods

City
WiltonState
CTZip Code
06897-4236FEC ID number of contributing
federal political committee.**C**

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : VT4C3P9CHX8

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dale Reisner

Mailing Address 2007 Federal Ave E

City
SeattleState
WAZip Code
98102-4141FEC ID number of contributing
federal political committee.**C**

Name of Employer

Obstetrix Medical Group of WA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		28		2015

Transaction ID : VT4C3P7Q350

Amount of Each Receipt this Period

50.00

* Earmarked Contribution: See Below Earmarked Through Actblue

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►